

# Presentation to the SCR 135 Taskforce

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November 12, 2008



# Some Thoughts on Medical Education In Idaho

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- # On a Personal Note
- # Our Need for Medical Education
- # The Choices Before Us
- # A Few Additional Thoughts
- # On What Ground Do We Stand?





# On a Personal Note



# Our Need for Medical Education

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- # The personal perspective of a practicing specialist
- # Position of Idaho Medical Association
- # The statewide perspective of expert consultant



# Our Need for Medical Education

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## Position of Idaho Medical Association

The IMA establish as its priorities for medical education in Idaho the following:

- 1.) Development of an Idaho-based four-year medical education program.
- 2.) Immediate expansion of, and addition to, current graduate medical education programs to include family medicine, internal medicine, psychiatry, pediatrics, surgery, and obstetrics/gynecology.
- 3.) Expansion of state funded medical school seats at University of Washington from 20 to 40 and University of Utah from 8 to 16 as an interim measure.



# Our Need for Medical Education

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An expert statewide perspective

## The MGT Report



## **Brief Summary of MGT Medical Education Study Final Report**

**Idaho has a severe scarcity of physicians.** Our current number is about 2825, or 198 physicians per 100,000 residents. This positions Idaho as 49<sup>th</sup> out of 50 states in the number per capita. Adding an additional 1455 physicians tomorrow would be needed to bring us up to the national average. What makes this worse is that 40% of our physicians are over 55 years of age, giving us the 6<sup>th</sup> oldest physician pool in the country.

**Geographic maldistribution of physicians is also present.** Only two counties in the state (Ada and Blaine) have more physicians per capita than the national average. By contrast the number is less than 50% of national average in 33 of 44 counties, with 23 counties having less than 10 physicians and 17 counties having 5 or fewer physicians.

**Idaho will experience increasing demand on its physician resources.** Our population is increasing at twice the national rate. We are projected to grow from 1.41 million (2005) to 1.74 million by 2020. In addition we will see an 85% increase in the number of those over 65, the most heavy consumers of healthcare resources.

**The current availability of medical school seats for Idaho residents is very poor.** Under the WWAMI program with the University of Washington, Idaho purchases 20 seats per year for four years at the cost of \$48,210 per student per year. We also purchase 8 seats per year from the University of Utah for \$34,025 per year. This gives Idaho residents a total of 28 state supported seats per year, or 1.8 per 100,000 state residents. This number is 32% of the national average giving us the rank of 48<sup>th</sup>.

**Compared to 30 years ago, medical school seat availability is deteriorating.** Considering the population increase since then, the number of funded medical school seats per 100,000 Idaho residents has fallen 47% from 3.4 in 1977 (26 seats, population 770,000) to 1.8 in 2005 (26 seats, population 1,414,000). Our national rank remains unchanged at 48<sup>th</sup>.

**In terms of residency programs we fare even worse.** We have 4 residency programs in the state that train 17 residents each year. This compares to the national average of 167 programs per state, training 716 residents per year. We have 1.2 residency seats per 100,000 residents compared to the national average of 12.2. This is 10% of the national average, with a rank of 49<sup>th</sup>.

**Some argue that Idaho is too small for its own medical school.** Idaho is currently the largest state without a medical school. Of the 11 states smaller than Idaho, 7 have a fully accredited medical school.

**The study also pointed out that each Family Practice physician** in the state is estimated to contribute to the state economy about \$812,000 each year.

**The study recommended that state support** for 100 medical students per year would be needed to accommodate our projected population in 2020. Support for 80 students per year would only be enough to handle physician turnover assuming no population growth. It also recommended that a goal be set of having an equal number of residency seats available in the state as it has first year medical seats. The study suggested that state leaders establish goals for the physician workforce and sponsorship of medical school students and medical residents.

# The Choices Before Us

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## # Do Nothing

- “There is no such thing as the Status Quo”
- Neglects both Health and Economic Implications



# What if we were 33<sup>rd</sup>?

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- # An additional 60 physicians/year trained
- # 30 of those remain in state for 30 years
- # 900 physicians—each add \$812,000 to economy each year, or \$730,000,000 per year
- # 3725 physicians instead of 2825
- # If done 30 years ago, would have 261 seats/100K (rank 33<sup>rd</sup> with South Carolina)
- # Idaho is currently 50<sup>th</sup> with 198 seats/100K



# The Choices Before Us

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- # Three alternative paths described by MGT
  - Build a “Bricks and Mortar” Medical School—the most expensive
  - Expand Contracts with WWAMI and University of Utah— “the decision to rent”



# The Choices Before Us

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- Expand existing contracts —Long term commitment for undergraduate medical education to UW and UU.
  - WWAMI.
    - Current cost to Idaho is \$48,210 per seat per year
    - Four classes of 20 seats per year is \$3,856,800.
  - University of Utah
    - Current cost to Idaho is \$34,025 per seat per year
    - Four classes of 8 seats per year is \$1,088,800.



# The Choices Before Us

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## ■ WWAMI—Benefits

- Easy— “Turn Key”
- UW is a “big name”—lots of prestige
- No start up fees
- A known entity
- May draw less political crossfire



# The Choices Before Us

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## ■ WWAMI—Concerns

- Major control over costs lies out-of-state
- Major control over growth lies out-of-state
- The economic spin-off attributable to hosting the program inside our state is lost
- Existing state resources not fully utilized
- No economies of scale as program grows



# The Choices Before Us

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## # The Distributive Model

- 16 of the 22 most recently accredited medical schools are distributive
- Hosted by one of our universities, it would utilize medical education resources throughout the state in a collaborative manner
- This would include all universities, larger communities and hospitals.



# The Choices Before Us

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## ■ The Distributive Model—Benefits

- Least expensive to operate
- Allows for greatest control over our future expenses, growth and destiny.
- Most efficient use of existing resources.
- “Builds equity” as it builds Idaho’s medical education infrastructure



# The Choices Before Us

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- The Distributive Model—Benefits (con't)
  - A boon to Idaho's economy
  - Independent of other states' political whims and battles
  - Allows for Idaho students to spend more time in Idaho
  - A boon to Idaho's prestige.
  - Will require all parts of state to work together



# The Choices Before Us

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## ■ The Distributive Model—Drawbacks

- Some start-up costs will be present
- Possible temporary loss of some academic prestige from association with “Big Name” school
  - But gain opportunity to make a name for Idaho
  - LCME Accreditation Guidelines for New and Developing Medical Schools insure uniform quality standards in all medical degree programs
- Will require all parts of state to work together



# Idaho Distributive Medical Degree Program

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- # How might this best be structured?
  - Look at missions of our universities
  - Look at an inventory of statewide resources, particularly ISU



# SBOE-Directed Missions

<b>Institution</b>	<b>Unique Programs Statewide</b>	<b>Primary Emphasis</b>	<b>“Regional” or Continuing Emphasis</b>
<b>Idaho State University</b>	<b>Health Professions</b>	<i>Health-Professions-related</i> Biological and Physical Sciences Teacher Preparation	<i>Business Education</i> <i>Engineering</i> <i>Technical Training</i>
<b>Boise State University</b>	<b>Public Policy and Urban Regional Planning</b>	Business and Economics Engineering Social Sciences Public Affairs Performing Arts Teacher Preparation	<i>Health-Professions-related</i> <i>Biological and Physical Sciences</i> <i>Education</i>
<b>University of Idaho</b>	<b>Agriculture Architecture Law Natural Resources</b>	Agriculture Natural Resources Metallurgy Engineering Architecture Law Foreign Languages Teacher Preparation International Programs related to Primary Emphasis areas	<i>Responsible for Regional Medical and Veterinary Medical Education Programs in which the State of Idaho participates</i>  <i>Business Education</i> <i>Liberal Arts</i> <i>Physical, Life and Social Sciences</i>



# ISU's Statewide Mission

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- State Board of Education-approved statewide Health Professions mission
  - "Idaho State University will ... generate programs with *primary emphasis on health professions....*"



# Idaho's Educational Planning

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- ISU's eight-year plan approved by SBOE includes MD degree beginning in 2010-2011 academic year
- When hiring for ISU's current president the SBOE asked for applicants with experience in medical education. Each of the four finalists had medical education experience.



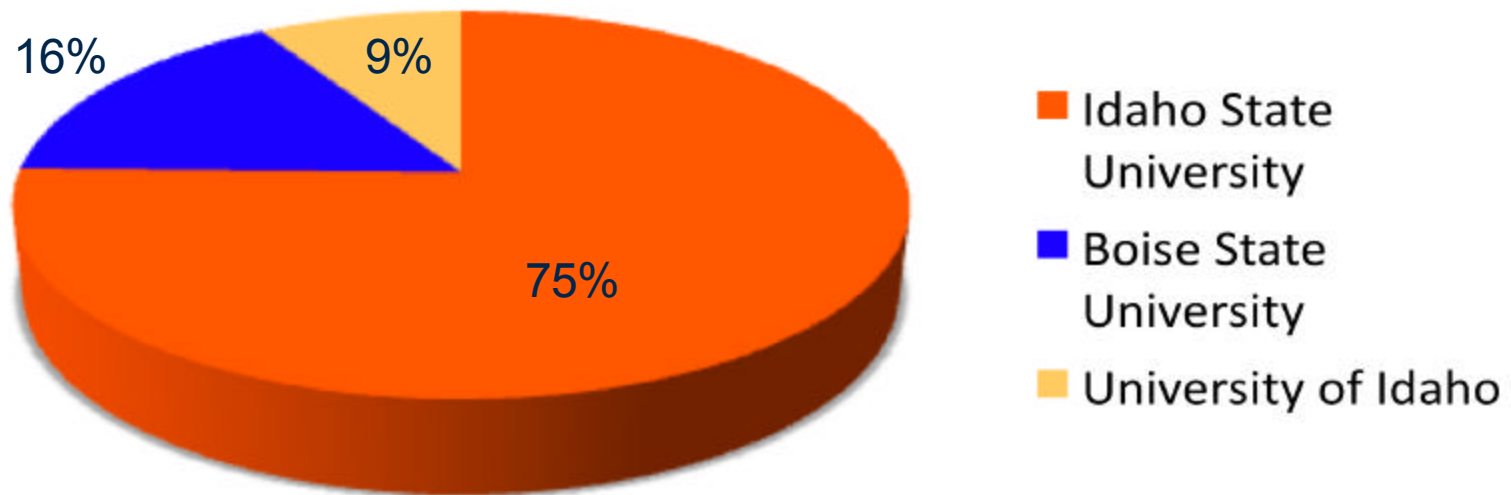
# Inventory of ISU Educational Resources

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# Health Profession Degree Programs at BSU, UI and ISU

**Number of Health Professions Degree Programs at Idaho's Public Four-Year Universities**



# Inventory: Terminal Degrees

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ISU offers 71% of the health professions terminal degrees offered in Idaho.

The remainder of the state offers 29%.



# ISU Health Profession Degrees

## **Kasiska College of Health Professions**

- **Audiology, AuD**
- **Counselor Education and Counseling, PhD**
- **Counseling, EdS**
- **Master of Counseling**
  - **Marital, Couple & Family Counseling**
  - **Mental Health Counseling**
  - **School Counseling**
  - **Student Affairs Counseling**

➤ **Deaf Education, MS**

➤ **Dental Hygiene, BS**

➤ **Dental Hygiene, MS**

➤ **Dentistry**

➤ **Idaho Advanced General Dentistry**

➤ **Idaho Dental Education Program**

➤ **Dietetics, BS**

➤ **Dietetic Internship**

➤ **Educational Interpreting, BS**

➤ **Sign Language Studies, AS**

➤ **Health Care Administration (HCA), BS**

➤ **Health Education, BA, BS, MHE**

➤ **Addiction Studies**

➤ **Community/ Worksite**

➤ **School Health Medicine**

➤ **Family Practice Residency**



# ISU Health Profession Degrees

## **School of Nursing**

- BSN/BSN
- Fast Track
- Master of Science in Nursing
  - Clinical Nurse Leader Option
  - Clinical Nurse Specialist Option
  - Family Nurse Practitioner Option
  - Nursing Education Option
  - Nursing Leadership Option

- Occupational Therapy, MOT
- Physical Therapy, DPT
- Physician Assistant Studies, MPAS
- Public Health, MPH
- Radiographic Science, AAS, BS
- Speech Language Pathology, MS
- Speech Pathology & Audiology, BS
- Preprofessional Speech Pathology & Audiology, BS

## **College of Pharmacy**

- Professional Pharmacy
  - Doctor of Pharmacy, PharmD
- Graduate: MS, PhD
- Dual Degrees
  - PharmD/MBA
  - PharmD/MS
  - PharmD/PhD
- Minor in Pharmaceutical Sciences



# ISU Health Profession Degrees

## **College of Arts & Sciences**

- Clinical Psychology, PhD
- Clinical Laboratory Science, BS, MS
- Health Physics, AS, BS, MS
- Social Work, AA, BA

## **College of Technology**

- Dental Laboratory Technology, AAS
- Emergency Medical Technician, EMT-B

- Health Information Technology, AAS
- Massage Therapy, AAS, TC
- Medical Assisting, AAS
- Medical Informatics, AAS
- Medical Transcription, PSTC
- Nursing, AS, ADRN
- Nursing Assistant
- Paramedic, ATC, AS
- Physical Therapist Assistant, AAS

## **Practical Nursing, ADTC**

- Respiratory Therapy, AS

## **College of Business**

- MBA, Health Care Administration Emphasis
- Health Care Information Systems, BBA
- PharmD/MBA



# BSU and UI Health Profession Degrees

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## **Boise State University**

- Addiction Studies, Graduate Certificate in Counseling
- Counseling, MA
- Dental Assisting, AAS (moving to CWI)
- Health Science, MHS, Graduate Certificate, emphasis on Health Policy
- Nursing, AS, BS, MS
- Radiologic Science, AS, BS
- Respiratory Care, AS, BS
- Social Work, MSW

## **University of Idaho**

- Counseling and Human Services, MS, M.Ed., Ed.S.
- Medical Technology, BS
- Neuroscience, MS, Ph.D.
- Veterinary Science, MS



# Inventory: ISU Faculty

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- # 280 in departments of biological sciences, chemistry, pharmacy and health professions
- # 34 with academic expertise in areas of first two years of medical education
- # 21 with faculty appointments or postdoctoral experience at Med Schools



# Inventory:

## Clinical Affiliate Faculty

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- # 176 clinical affiliate faculty (physicians)
- # Affiliation agreements with 150 hospitals, 720 faculty and 1,370 sites nationally and internationally



# Inventory: Administration

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President Arthur C. Vailas, Ph.D.

- Extensive faculty and administrative experience in medical education at University of Iowa, UCLA, University of Wisconsin-Madison, and University of Houston

James A. Fletcher

- ISU Vice President for Finance and Administration

Pamela Crowell, Ph.D.

- ISU Vice President for Research

Joseph F. Steiner, Pharm. D.

- Dean, College of Pharmacy

Jonathan Cree, MD

- Director, Family Medicine Residency Program

Bill Woodhouse, MD

- Associate Director, Family Medicine Residency Program

Sandra Hoffman, MD

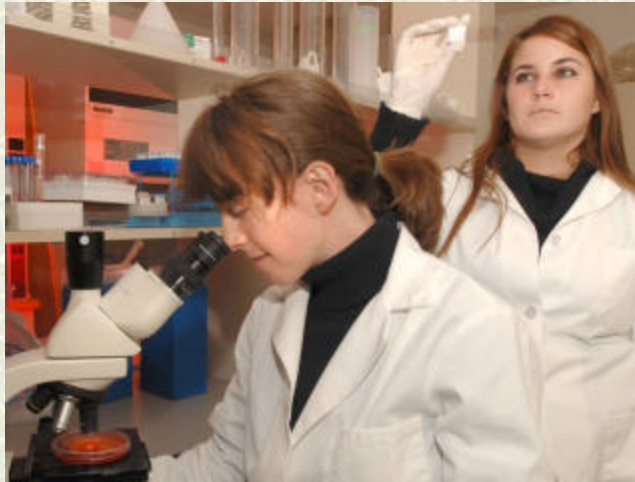
- Internal Medicine Coordinator, Family Practice Residency



# Inventory: Biomedical Research

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- # Approximately 265 ISU faculty
- # 34 active sponsored awards (\$8,879,810)



# Inventory: Residencies

<b>Family Medicine</b>	<b>Dentistry</b>	<b>Pharmacy</b>
MD and DO: 3 years	DDS: 1 year	PharmD: 1 or 2 years (8 total residencies)
65 Graduates	43 Graduates	116 Graduates
Started in 1992; full GME accreditation.	Started in 2000, expanded to Boise in 2005; Accreditation with ADA, Council on Dental Accreditation in 2001. Expansion site is pending.	Started in 1992, full American Society of Health-Systems Pharmacists accreditation.



# Inventory: ISU Clinics

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- **Audiology**
- **Balance**
- **Counseling (2)**
- **Dental Hygiene**
- **Dentistry (2)**
- **Family Medicine**
- **Occupational Therapy**
- **Physical Therapy**
- **Psychology**
- **Senior Health**
- **Speech and Language (2)**
- **Wellness**
- **29,000 patient contacts per year**



# Inventory: Professional Programs

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- # Idaho Conference on Health Care
- # Idaho Drug Utilization Review
- # Idaho Drug Information Service
- # Tele-health programs in the Institute of Rural Health



# Inventory:

## Distance Learning Network

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- # Broadcast nearly 400 hours of class per week
- 29 video conferencing configurations, ranging from 8-200 students
  - Pocatello - 13 classrooms
  - Boise - 5 classrooms
  - Idaho Falls – 8 classrooms
  - Twin Falls – 2 classrooms
  - Coeur d'Alene – 1 classroom (shared with University of Idaho)



# Inventory: Health Sciences Library

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- Only health or medical library affiliated with an Idaho educational institution



# Inventory:

## Health Science Facilities

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### # Pocatello

- 16 buildings on-campus, two near-campus

### # Idaho Falls

- One building, shared with EITC

### # Boise

- Four buildings leased

### # Meridian

- One building, under remodel (200,000 ft<sup>2</sup>); will house all Treasure Valley programs



# Inventory: Space Availability

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- # 20,600 square feet of space reserved for medical education expansion
- # This would include administration, faculty offices, and research laboratories
  - Nichols Hall
  - Dyer Hall
  - Owen Redfield Hall



# Resource Inventory

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## # What do the data show?

- State has been faithful to its plan to assign health education mission to ISU.
- ISU is well prepared to take the lead in creating a Medical Degree Program for Idaho.



# An Independent Idaho Distributive Medical Degree Program

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- # Four Year Program
  - First two years didactic
  - Second two years clinical clerkships
- # Administered through ISU
- # Involvement of all areas of state
- # 60 students per class, 240 total



# Proposed Governance Model

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## ■ Statewide Advisory Council

- Chaired by President of ISU
- Presidents of UI, Boise State, LCSC
- Possible representative from BYU-I
- Representatives from IHA and IMA
- National ad hoc committee of Deans with recent experience with accreditation of a distributive model medical program



# Statewide Distributive Model

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- Location(s) of Training Years One and Two:  
To be determined
- Locations of Training Years Three and Four:  
Throughout state
- Anchor Clinical Locations near tertiary care centers:

Treasure Valley

Eastern Idaho

Northern Idaho

Magic Valley



# Financial Projections

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# Distributed Model Business Plan Development Team

## Committee Chair

Mr. James A. Fletcher

## Committee Members

Model Simulation Runs

Mr. Roger Egan, ISU Controller

Generic Curriculum Design

Dr. Ron McCune

Staffing Requirements

Dr. Ron McCune

Salaries, Recruitment and  
Relocation Requirements

Mr. David Miller, Director of ISU Human  
Resources and CUPA Database

Space and Occupancy Related  
Requirements

Mr. Greg Horton, Associate Vice-  
President for ISU Facilities Services

Faculty Start-Up Packages

ISU Academic Affairs

Materials and Supplies, Travel,  
Equipment and Communication

Peer Institution Rates Assessed  
by ISU Finance and Administration

Clinical Sites Organization and  
Operational Requirements

Dr. Ron McCune

*Leading  
in Opportunity  
and Innovation*





*Leading  
in Opportunity  
and Innovation*

# Timeline of Institutional Startup

Year	When	Source	Purpose
0	Initial One Time Cash Outlay	Philanthropy, Bonds, Grants, Endowment, Other; Legislature	Hire Startup Faculty; Facility Expansion
-4 -3 -2 -1	Subsequent developmental costs before classes start		Incrementally Develop Administration, Faculty, Program and Clinical Resources
Start of First Year of Classes			
1 2 3 4	Costs from time classes start until all four years are filled and paying tuition		Some Tuition monies available
5....	Costs when all four classes of school are paying tuition	Student Tuition fully funded	Ongoing operating costs.



# One-Time Startup Costs

Facilities (leveraging existing facilities for didactic instruction)	\$3,502,000
Faculty startup packages	5,000,000
Additional instructional equipment	200,000
Faculty and staff recruitment and relocation	2,337,300
<b>TOTAL</b>	<b>\$11,039,300</b>

PLUS:

Non Reimbursable Operating Costs for first eight yrs—

**“Interim Costs”**

**\$21,000,000**

*60 students per year; 240 total enrolled.  
All figures represent 2008 dollars.*

# Operating Costs: The Four Years Before Classes Start

	Start -4	Start -3	Start -2	Start -1
Administration	700,148	1,467,949	1,692,774	1,692,774
Faculty	0	0	0	2,534,610
Program	39,383	142,650	190,150	577,650
Clinical	0	0	0	0
<b>TOTAL</b>	<b>739,531</b>	<b>1,610,599</b>	<b>1,882,924</b>	<b>4,805,034</b>
Revenue	0	0	0	0
<b>Net Difference</b>	<b>-739,531</b>	<b>-1,610,599</b>	<b>-1,882,924</b>	<b>-4,805,034</b>

*\* All figures represent 2008 dollars.*

# Operating Costs: First Four Years of Classes

	Year 1	Year 2	Year 3	Year 4
Administration	1,692,774	1,692,774	1,692,774	1,692,770
Faculty	4,438,558	4,854,489	4,854,489	4,854,489
Program	901,550	1,044,900	1,044,900	1,044,900
Clinical	603,357	1,636,386	3,676,386	3,676,386
<b>TOTAL</b>	<b>7,636,239</b>	<b>9,228,549</b>	<b>11,268,549</b>	<b>11,268,545</b>
Revenue	2,817,136	5,634,272	8,451,408	11,268,545
<b>Net Difference</b>	<b>-4,819,103</b>	<b>-3,594,277</b>	<b>-2,817,141</b>	<b>0</b>

*\* All figures represent 2008 dollars.*



# Operating Costs: Beyond the First Four Years

*Based on four classes per year of 60 students each*

## MEDICAL EDUCATION BASE

Administration	\$1,693,000
Faculty (full-time institutional faculty)	4,854,000

Total Personnel Related	\$6,547,000
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PROGRAM COSTS	1,045,000
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Subtotal	\$7,592,000
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## REGIONAL CLINICAL SITES

Administration	\$753,000
Faculty (clinical affiliates, partial FTEs)	646,000
Program Costs and Rotations	2,277,000

Total Clinical Related	\$3,676,000
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TOTAL OPERATING COSTS	\$11,268,000
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*\* All figures represent 2008 dollars.*



# Projected Cost to State of Ongoing Program

Option	Student Tuition Level (x240)	Total Revenue From Tuition	State Support	Total Funding
Students pay all costs	\$46,950	\$11,268,000	\$0	\$11,268,000
Students pay typical tuition	\$20,000	\$4,800,000	<b>\$6,468,000</b>	\$11,268,000

*60 students per year—240 total enrolled.*

*All figures represent 2008 dollars.*



# Cost Projections—Summary

One Time Startup Costs	<i>\$11,268,000</i>
Non-Reimbursable Operating Costs for first eight years (“Interim Costs”)	<i>\$21,000,000</i> <i>\$2,625,000 /yr</i>
Total of All Costs for first eight years (until graduation of first class)	<i>\$32,268,000</i>
Total Annual Operating Costs beginning in year nine for 240 students	<i>\$11,268,000 /yr</i> <i>\$46,950 per seat</i>
Annual Operating Costs after students pay an average tuition of \$20,000 per year	<i>\$6,468,600 /yr</i> <i>\$26,950 per seat</i>



# A Few Additional Thoughts

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# The Question of Accreditation

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- # What is LCME?
- # What are the Steps to Accreditation?
  - Application for Candidacy
  - Intensive Due Diligence Process
  - Program Planning and Development
  - Pre-Accreditation (Approval to accept students)
  - Interim Surveys
  - Final Accreditation (during 4<sup>th</sup> Year of classes)
- # What is necessary to apply?



# Key Role of Hospitals

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- # Recognize unique role and needs of hospitals involved in teaching
- # Active effort to involve in planning and implementation
- # Careful study of financial impact and ways to ameliorate this



# What About Residency Training?

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- # This is the “Other Shoe”
- # The one cannot be without the other
- # Will need as many residency positions as those who receive MD degrees each year
- # Critical to retaining physicians in Idaho
- # In my opinion, Idaho does not have the resources to independently support residency programs in many needed specialties
- # *An evolving role for WWAMI?*



# What About Residency Training?

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I propose that we enter into a dialogue with the University of Washington and possibly other institutions to explore the development of an expanded collaborative approach to graduate medical education in Idaho.



# What About Residency Training?

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*I foresee a time of possible transition for WWAMI from supporting Idaho's Undergraduate Medical Education Program to supporting its Graduate Medical Education Program.*



# What I Have Hoped to Show

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Establishment of an independent  
Idaho based  
four year Medical Degree Program  
hosted by ISU  
with integral involvement of all Universities  
is a strong financial and  
educational possibility.



# What is the question that faces us now?

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- What is best for the citizens of Idaho as seen through the eyes of our children and grandchildren in decades to come.



# What is the question that faces us now?

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- What is best for the citizens of Idaho  
*as seen through the eyes of our children  
and grandchildren in decades to come.*
- This is our opportunity to do the right thing,  
for the right reason, at the right time.
- We stand at the Fork in the Road



# A Few Thoughts on WWAMI

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# What I believe

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- # I believe that we cannot allow this decision to be about
  - Boise or Moscow or Pocatello
  - ISU or BSU or UI
  - The future of WWAMI
  - Any other local or regional interest



# On What Ground Do We Stand?

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# Where do we go from here?

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I propose that this committee recommend to the Legislature that \$350,000 or some portion thereof be allocated to enjoin the state to make Application for Candidacy to LCME to investigate the creation of an Independent Idaho Distributive Medical Degree Program administered through ISU, and thereby seek to answer the following question:

*Is the establishment of an Independent Idaho Distributive Medical Degree Program realistic and desirable considering the resources available throughout the state?*

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# Questions?

